

FAMILY MEDICAL

Purpose: This category describes the medical programs available for children and their caretakers

CLARIFYING INFORMATION

1. The family may:
 - a. Receive a cash grant under the Temporary Assistance for Needy Families (TANF);
 - b. Be eligible for TANF but choose not to receive cash assistance;
 - c. Be determined ineligible for TANF cash assistance for a reason that does not apply to medical programs as described in WAC 388-505-0220.
2. Consider the family as described in **Assistance Units**, including the establishment of separate medical assistance units (MAUs), if necessary.
3. All family members may not be eligible for a medical program. Some members may enroll in Healthy Options and others may not.
4. For family members who are not eligible under this category, refer to the following categories:
 - a. **SSI-related Medical** for children and adults who may meet SSI disability criteria;
 - b. **Pregnancy** for medical programs for pregnant women;
 - c. **Emergency Assistance:**
 - (1) **Medically Indigent Program** for a person who has received hospital-based services;
 - (2) **Alien Emergency Medical Program** for alien adults and children who are related to a Medicaid program including the aged, blind, and disabled;

- d. **Long Term Care** for family members requiring nursing facility or home and community-based services;
- e. **Medical Extensions** for a family who has an increase in earned income, spousal support, or child support;
- f. **Spendedown** for a child, pregnant woman, or an SSI-related adult whose income exceeds program standards. They may be eligible to receive Medically Needy (MN) coverage.

Effective September 12, 2002

WAC 388-505-0210 Children's medical eligibility.

- (1) A child under the age of one is eligible for categorically needy (CN) medical assistance when:
 - (a) The child's mother was eligible for and receiving coverage under a medical assistance program at the time of the child's birth; and
 - (b) The child remains with the mother and resides in the state.
- (2) Children under the age of nineteen are eligible for CN medical assistance when they meet the requirements for:
 - (a) Citizenship or U.S. national status as described in WAC 388-424-0010 (1) or (2); and
 - (b) State residence as described in chapter 388-468 WAC;
 - (c) A Social security number as described in chapter 388-476 WAC; and
 - (d) Family income levels described in WAC 388-478-0075 (1) (c).
- (3) Children under the age of nineteen are eligible for the state children's health insurance program (SCHIP), as described in chapter 388-542 WAC, when:
 - (a) They meet the requirements of subsection (2) (a) and (b) of this section;

- (b) They do not have other creditable health insurance coverage; and
 - (c) Family income exceeds two hundred percent of the federal poverty level (FPL), but does not exceed two hundred fifty percent of the FPL as described in WAC 388-478-0075 (1) (c) and (d).
- (4) Children under the age of twenty-one are eligible for CN medical assistance when they meet:
- (a) Citizenship or immigrant status, state residence, and social security number requirements as described in subsection (2)(a), (b), and (c) of this section;
 - (b) Income levels described in WAC 388-478-0075 when income is counted according to WAC 388-408-0055(1)(c); and
 - (c) One of the following criteria:
 - (i) Reside in a medical hospital, intermediate care facility for mentally retarded (ICF/MR), or nursing facility for more than thirty days;
 - (ii) Reside in a psychiatric or chemical dependency facility;
 - (iii) Are in foster care; or
 - (iv) Receive subsidized adoption services.
- (5) Children are eligible for CN medical assistance if they:
- (a) Receive Supplemental Security Income (SSI) payments based upon their own disability; or
 - (b) Received SSI cash assistance for August 1996, and except for the August 1996 passage of amendments to federal disability definitions, would be eligible for SSI cash assistance.
- (6) Children under the age of nineteen are eligible for Medically Needy (MN) medical assistance as defined in chapter 388-500 WAC when they:

- (a) Meet citizenship or immigrant status, state residence, and social security number requirements as described in subsection (2)(a) (b), and (c); and
 - (b) Have income above the income levels described in WAC 388-478-0075 (1) (c).
- (7) A child is eligible for SSI-related MN when the child:
 - (a) Meets the blind and/or disability criteria of the federal SSI program or the conditions in subsection (5)(b); and
 - (b) Has countable income above the level described in WAC 388-478-0070(1).
- (8) There are no resource limits for children under CN or MN coverage or SCHIP;
- (9) Children may also be eligible for:
 - (a) Family medical as described in WAC 388-505-0220; and
 - (b) Medical extensions as described in WAC 388-523-0100.
- (10) Except for a client described in subsection (54)(c)(i) and (ii), an inmate of a public institution, as defined in WAC 388-500-0005, is not eligible for CN or MN medical coverage.

CLARIFYING INFORMATION

Children's Medical Programs

A child may be eligible for one of the following medical programs.

1. **Newborn Medical (F05):** See WAC 388-505-0210 (1). These newborns are automatically entitled to receive federally funded CN Medicaid regardless of changes in the household. Eligibility for the Newborn program is effective through the month of the child's first birthday.

2. **Children's Medical (F06):** See WAC 388-505-0210 (2). The children described in (2) receive federally funded CN Medicaid and enroll in Healthy Options or Basic Health.

NOTE: Effective October 1, 2002, children and adults who do not meet federal Medicaid criteria do not have medical coverage unless pregnant or meet the criteria for the Alien Emergency Medical program.

3. **SCHIP (F07):** See WAC 388-505-0210 (3). SCHIP has the same scope of care as F06. Unlike the other children's medical programs, SCHIP requires monthly premiums and copays for certain medical services. For additional information, refer to WAC 388-542.

4. **Children's SSI and SSI-related medical (S01 or S02):** See WAC 388-505-0210 (6). The children described in (6) receive CN Medicaid and do not enroll in Healthy Options.

5. **Children's Medically Needy (F99 or S99):** See WAC 388-505-0210 (6) and (7). The children described in (6) and (7), receive slightly less coverage than CN Medicaid and do not enroll in Healthy Options.

6. **Institutional residence:** See WAC 388-505-0210 (4): Children who are treated in a psychiatric facility for more than 90 days come under special eligibility and income procedures. Mental Health Division's Regional Support Networks (RSNs) must approve inpatient treatment in advance

NOTE: The only inpatient psychiatric facilities in Washington State which accept children for 90 days or more are: Child Study and Treatment Center, Martin Center Psychiatric Unit, McGraw Center, Pearl Street Center and Tamarack Center.

Basic Health (BH) and BH Plus

1. BH provides affordable health insurance to any Washington resident, and is administered by the Washington State Health Care Authority (HCA).
2. An application for BH is a joint application for BH Plus for any child in the household. The child's coverage is through CN medical assistance.

3. BH Plus is CN medical (F06) for the children of BH members. It is called BH Plus because the children receiving CN medical get more medical coverage than adult BH members. The process of authorizing CN medical to BH children is intended to appear seamless and transparent to the BH family.
4. DSHS pays the BH premium for the child. There are no co-payments or deductibles for the child. Medical Eligibility Determination Services (MEDS) staff determine the eligibility for children in BH Plus.

Medical Eligibility Determination Services (MEDS):

1. MEDS determines eligibility for any of the children's non-institutional medical programs (CN, MN, Children's Health program, the Children's Health Insurance Program (CHIP), and SSI). MEDS also determines eligibility for pregnant women's programs for BH members.
2. When an application for any children's medical program is received in the CSO and no other active AUs exist in the CSO, the application can be forwarded to the MEDS office for processing. Once processed, MEDS provides the maintenance on these cases. The local CSO provides the maintenance, including eligibility reviews, for any children's medical program originally opened in the CSO.
3. Maintenance of a BH Plus AU is the responsibility of MEDS. However, when CSOs open other types of assistance which include the BH Plus AU member(s) it may result in a "case" being shared between MEDS and CSOs. Coordination between MEDS and the CSOs is very important for shared cases. (See Worker Responsibilities)
4. To expedite access to medical benefits for children that have an existing case open at a local CSO, MEDS staff will:
 - a. Process an application (received from a source other than a CSO) for children's medical benefits as a courtesy; and
 - b. Forward the open case to the local CSO.

If food assistance benefits are active in the local CSO, MEDS will process the application for children's medical as a priority and send a 450 alert to the CSO to report a change in address or income.

5. Contact numbers for MEDS:

MEDS

PO Box or Mail Stop 45531

Olympia, Washington 98504-5531

General Information: 1-800-204-6429

FAX: (360) 586-2042

TTY: 1-800-204-6430

WORKER RESPONSIBILITIES

1. **Program priorities for children:** - Consider program eligibility in the following order:
 - a. Categorically needy coverage;
 - b. Children's Health Insurance Program (CHIP)
 - c. Medically needy coverage;
 - d. Alien Emergency Medical; and
 - e. Medically Indigent.
2. **Age:** Ensure eligibility runs through the end of the month of the appropriate birthday, by program (i.e., age one for newborns, nineteenth or twenty-first birthday).

When a client applies in the same month when they turn the age limit of the specific program, they can still be approved even though they have already had their birthday.

EXAMPLE

The client turns nineteen on March 15 and applies for medical assistance on March 20. If the client meets all other eligibility factors for children's CN medical assistance, the application can be authorized for the entire month of March. (If the client had medical needs during the prior three months, determine eligibility for the retroactive period.)

3. Social Security Number (SSN):

- a. Except for Newborn CN medical coverage, an SSN or verified application for SSN is required for CN or MN coverage;
- b. If a parent does not follow through with the SSN requirements for a child who would otherwise be eligible for CN coverage, the worker should:
 - (1) Request an Exception to Rule as described in WAC 388-440-0001; and
 - (2) Open CN coverage immediately. Do not wait for the response to the Exception request to open the CN.

4. Living arrangements for children's medical programs: There are no required living arrangements. Children may live with parents, relatives, non-relatives, or on their own.**5. Inpatient:**

- a. Children in a hospital or nursing facility more than 30 days have achieved institutional status as defined in WAC 388-513-1320.
- b. Once institutional status has been achieved, only the income actually contributed by their parents is used to determine income levels. See **INCOME**.
- c. Children in qualifying inpatient psychiatric care (see clarifying information):
 - (1) If treatment is less than 90 days use the parent's income to determine eligibility.

- (2) If treatment is expected to last more than 90 days, only use the income actually contributed to the child by the parents to determine eligibility.
- d. While eligibility for children generally ends at age 19, a child in a hospital or nursing facility may be eligible until age 21.

6. Coordination of shared cases between CSOs and MEDS:

- a. CSO and MEDS staff must coordinate actions taken on shared cases.
- b. Before taking action on an open case, the CSO staff needs to examine the ACES "MISC" screen to determine if there is a BH Plus AU in the household. A "Y" in the BH Plus indicator in the upper right section of the ACES screen identify them.
- c. MEDS staff are authorized to take the following actions on a shared BH Plus AU without prior contact with the CSOs:
 - (1) Eligibility redetermination for the BH Plus AU
 - (2) Termination of medical benefits for the BH Plus AU
- d. When MEDS staff take one of the above actions, ACES generates an alert to the CSO.
- e. Any other actions taken on a BH Plus shared case require prior contact between MEDS and the CSO staff. For example, an address change impacts both the BH Plus AU and the other AU(s). The CSO staff will usually take the action, but MEDS can do it, if the CSO concurs.
- f. CSO staff will not terminate the BH Plus AU without prior consultation with and agreement from the MEDS staff.

Effective September 12, 2002

WAC 388-505-0220 Family medical eligibility.

- (1) A person is eligible for categorically needy (CN) medical assistance when they are:
 - (a) Receiving temporary assistance for needy families (TANF) cash benefits;
 - (b) Receiving cash diversion assistance, except SFA relateable families, described in chapter 388-222 WAC;
 - (c) Eligible for TANF cash benefits but choose not to receive; or
 - (d) Not eligible for or receiving TANF cash assistance, but meets the eligibility criteria for aid to families with dependent children (AFDC) in effect on July 16, 1996 except that:
 - (i) Earned income is treated as described in WAC 388-450-0210; and
 - (ii) Resources are treated as described in WAC 388-470-0005 for applicants and 388-470-0050 and WAC 388-470-0026 for recipients.
- (2) A person is eligible for CN family medical coverage when the person is not eligible for or receiving cash benefits solely because the person:
 - (a) Received sixty months of TANF cash benefits or is a member of an assistance unit which has received sixty months of TANF cash benefits;
 - (b) Failed to meet the school attendance requirement in chapter 388-400 WAC;
 - (c) Is an unmarried minor parent who is not in a department-approved living situation;
 - (d) Is a parent or caretaker relative who fails to notify the department within five days of the date the child leaves the home and the child's absence

	will exceed ninety days;
(e)	Is a fleeing felon or fleeing to avoid prosecution for a felony charge, or a probation and parole violator;
(f)	Was convicted of a drug related felony;
(g)	Was convicted of receiving benefits unlawfully;
(h)	Was convicted of misrepresenting residence to obtain assistance in two or more states;
(i)	Has gross earnings exceeding the TANF gross income level; or
(j)	Is not cooperating with WorkFirst requirements.
(3)	An adult must cooperate with the division of child support in the identification, use, and collection of medical support from responsible third parties, unless the person meets the medical exemption criteria described in WAC 388-505-0540 or the medical good cause criteria described in chapter 388-422 WAC.
(4)	Except for a client described in WAC 388-505-0210(4 5)(c)(i) and (ii), a person who is an inmate of a public institution, as defined in WAC 388-500-0005, is not eligible for CN or MN medical coverage.

CLARIFYING INFORMATION

Family Medical Programs

A family may be eligible for one of the following programs:

1. **Family medical attached to TANF cash (F01).** All family members eligible for these cash programs are eligible for CN medical, with the exception of an adult under DCS sanction. F01 clients may enroll in Healthy Options.

NOTE: Effective October 1, 2002, children and adults who do not meet federal Medicaid criteria do not have family medical coverage unless they are pregnant or meet the criteria for the Alien Emergency Medical program.

2. **Family medical (F04).** Families who do not want cash assistance or who are ineligible due to the reasons described in WAC 388-505-0220 (2) may be eligible for family medical.

- a. A family must include an “eligible dependent child” meeting the **Age Requirements** described in WAC 388-404-0005 (1).

NOTE: School attendance of children under the age of eighteen is not an eligibility requirement for a family medical program. For the purposes of a family medical program, a child who is age eighteen and has already graduated or who does not meet the criteria of WAC 388-404-0005(1) is not considered an “eligible dependent child”. When the only child in the household is **NOT** an “eligible dependent child”, the family is not eligible for a family medical program. The child may still be eligible under a medical program for children. Determine whether the adults are eligible for another medical program.

- b. Family Medical MN coverage is not available for caretaker adults. If the caretaker adult in the household is pregnant, review for a pregnancy program. If the caretaker adult is aged, blind, or disabled, review for an SSI-related program.
- c. Adults may be eligible for Family Medical (F04) as a separate MAU when certain conditions exist. See **Assistance Units** for those conditions and instructions concerning financial responsibility and the establishment of separate MAUs as required by the Sneeve V. Kizer Ninth Circuit Court decision.

NOTE: A family eligible for TANF cash diversion is eligible for Family Medical (F04) with a twelve-month certification period. Should the family report a change in the family’s circumstances, refer to the Change of Circumstances category.

3. **Alien Emergency Medical Program (F09):** A child under age 19 or an adult who is the caretaker of a dependent child and who has an emergency medical condition may be eligible for the Alien Emergency Medical Program. See the **Emergency Assistance** category.

